

**Palouse Hills Basic Skills Program
Skating Lessons! 2019 Registration**

This season's next Learn-to-Skate session begins on **January 12**. Classes are on Saturdays with levels for complete beginners to advanced skaters up to spins and single jumps for **ages 5 to adults**. Classes will be sorted by age and ability with class starting time at 12:00 or 12:30 pm depending on experience. Please arrive at least 20 minutes early to allow time for getting into skates. Sessions are \$95 for six Saturdays (Jan 12 through Feb 23) and include skate rental and public session following class. Complete form, sign and submit to the rink at 1021 Harold ST, Moscow ID 83843 – make checks payable to: **Palouse Hills Skating Club** (Check or cash preferred)

Applicant

First Name M.I. Last Name Birthday Month Day Year

Street Address City State Zip

Name of Parent or Responsible Party (*please circle which*) Email @ _____

Home phone Cell phone Work phone Skater's Gender

Skills Assessment (Please check all that apply)

Never Skated____ Skate Forwards____ Skate Backwards____ Crossovers____ Glide on One Foot____
Two Foot Spins____ Learning for Fun/Fitness____ Learning for Hockey____
Basic Skills Level (if known): _____ Freestyle Level (if known): _____

Emergency Information We need emergency information and any instructions you feel are pertinent for you or your child to receive the best emergency/special care should the need arise. The information on this form will be available to the Palouse Hills Basic Skills Program and the U.S. Figure Skating Learn to Skate program for official use only. For your safety and comfort, gloves/mittens are required and we recommend a bicycle, hockey or ski helmet – the rink has a limited supply of helmets if you do not have one. Bring wool or warm synthetic socks.

Emergency Contact Person Emergency Phone Medical Insurance Company Number

Physician's Name and phone

Please note any special needs/medications we may need to know

Medical Consent and Release of Liability form on backside must be signed!

WAIVER, RELEASE OF LIABILITY, CONSENT TO MEDICAL ATTENTION

In exchange for my being allowed to participate in the ice skating events ("Activity"), I or (if I am not 18 years old) my parent or legal guardian (individually and collectively referred to in the first person singular below) agree to be bound to each of the following:

1. Obligation to Inspect Facilities and Equipment I agree prior to participating in the Activity, I will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise the supervisor at the Palouse Ice Rink ("Ice Rink") of such unsafe condition(s) and refuse to participate in the activity.
2. Identification of Risks I understand that participation in this Activity involves risk of serious injury, including permanent disability and death, and other losses, both to person and property. I understand that these injuries and losses might result from the actions, inactions, negligence, or conduct of others, the posted or unposted rules of the Ice Rink, or the condition of the premises or of any equipment used.
3. Assumption of Risk I assume all risks, known and unknown, in any way connected with my participation in this Activity. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Activity.
4. Waiver and Release I waive, discharge, release, hold harmless and agree not to sue the Palouse Hill Basic Skills Program, the Palouse Ice Rink Association, The Palouse Hills Skating Club, Latah County of Idaho, City of Moscow, Idaho, and each of their affiliated clubs and organizations, directors, officers, sponsors, employees, volunteers, agents, representatives, and successors, (collectively 'RELEASEES') and assign from all claims for any liability, injury, loss, death, or damage in any way connected with my participation in the Activity whether or not caused in whole or in part by the negligence, action, inaction, or misconduct of any of the RELEASEES above. I agree to indemnify RELEASEES from any and all third party claims caused in whole or in part by my actions. I intend for this waiver and release also to apply to any relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns who might pursue any legal action or claim for such liability, injury, loss, or damage.
5. Consent to Medical Treatment I agree that the Ice Rink may provide to me, through medical personnel of its choice, customary medical or training assistance, transportation, and emergency medical services. This consent does not impose a duty upon the Ice Rink to provide such assistance, transportation, or services.

I HAVE READ THIS WAIVER, RELEASE, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY.

PRINT: Participant's Name

Age of Participant

SIGNATURE: Participant (if over 18) or Parent/Legal Guardian

PRINT: Parent/Legal Guardian Name

Date